



(PRINT OR TYPE WITH BLACK INK ONLY — DO NOT WRITE IN SHADED AREAS)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Consumer and Regulatory Affairs

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Date 12-18-89

CRA-5
Rev. 8/20/83

MARK OUTS & WHITE OUTS NOT ACCEPTED

(22) Receipt # 33593
(23) Treas. # 56131/008

INFORMATION
ON PROPOSED
BUSINESS

(1) Address of Business 1323 E ST SE Suite/Room # _____
(2) Telephone No. of Business 488-7134 Lot 847, 848 Square 1043
(3) Trade Name of Business WELCH + SAN RITE-WAY AUTO INC.
(4) Is Business Incorporated? ☐ No ☒ Yes (Attach Letter of Good Standing and complete Line 5)
(5) President GARLAND J. WELCH Vice President WAYNE G. WELCH Secretary/Treasurer WAYNE G. WELCH
(6) Is Business a Partnership? ☒ No ☐ Yes
(7) Business Owner WELCH + SAN RITE-WAY AUTO INC. (See instructions) Tel. No. (days) 488-7134
(8) Business Owner's Home Address 9524 LEFMAH ST. VIENNA VA Zip Code 22180

INFORMATION
ON
OCCUPANCY

(9) ☒ Ownership Change ☐ Partial Occupancy ☐ New Bldg. ☐ Use Change ☐ Load Change BZA No. ☐ _____
(10) Proposed Use of Business AUTO REPAIR
(11) Is Business Sexually Oriented According to D.C. Zoning Regulations? ☐ No ☐ Yes
(12) Proposed Occupancy Load N/A Square Feet Occupied 5000
(13) Which Floors to be Occupied 1ST Basement? N/A
(14) Prior Use AUTO REPAIR

INFORMATION
ON ENTIRE
BUILDING

(15) Building Owner CAPITAL HILL SEDGWICK CENTER Tel. No. (days) 547-4854
(16) Building Owner's Address 339 PA. AVE SE WASH DC Zip Code 20003
(17) Materials of Building BRICK
(18) Square Feet Occupied 5000 No. of Floors 1 Basement? N/A

ATTESTATION
AND
SIGNATURE

I certify that all of the statements on this application are true to the best of my knowledge and belief. I agree to comply with all applicable laws and regulations of the District of Columbia.

(19) IF OWNER OF BUSINESS _____ Signature _____ Date _____
IF AUTHORIZED AGENT FOR OWNER OF BUSINESS (Attach Authorization)
(20) Name of Agent WAYNE G. WELCH Signature _____ Date 12/18/89
PRINT CLEARLY
(21) Address of Agent 9524 LEFMAH ST SE VIENNA VA Zip Code 22180

OFFICE USE ONLY

INFORMATION
DESK

(24) Premises Condemned ☒ No ☐ Yes Cleared By _____ Date 12/18/89
(25) Building in RLA Zone ☐ No ☐ Yes Cleared By _____ Date _____
(26) Residential ☐ No ☐ Yes Smoke Det. Info. Given By 12/18/89 Date 12-18-89

LICENSE
BRANCH

(27) Licenses Required Auto Repair License
(28) _____ Reviewed By W. J. Parker Date 12-18-89

ZONING
OFFICE

(29) Zone CM1 BZA No. _____
(30) Prior Use Auto Repair
(31) Certificate # B137647 Date Issued 2/7/84 BZA No. _____ ☒ Approved ☐ Disapproved
(32) Accepted for Filing by W. J. Parker Date 12/18/89

EXAMINER'S
USE

(33) Prior Use Code S Proposed Use Code S
(34) Use Change ☐ No ☐ Yes Inspect. Required ☐ No ☐ Yes By W. J. Parker Date 12/18/89
(35) Inspection Fee \$ _____ Issuance Fee \$ 2.70
(36) Approved for Issuance by W. J. Parker Date 12/18/89

INSPECTION
BRANCH

(37) Date of Scheduled C/O Inspections _____ AM/PM
(38) Inspection Status Approved ☐ Disapproved ☐ By _____ Branch _____ Date _____
(39) Inspector's Signature _____ Printed Name _____
(40) Reason for Disapproval _____

OCCUPANCY
PERSONNEL

(41) ☐ Approved ☐ Denied ☐ Cancelled
By _____
(42) Reason for Cancellation/Denial _____
(43) Certificate of Occupancy No. 151994/5027/08 Date of Issuance 12-18-89
(44) Bldg. _____ Elec. _____ Plumb. _____ Fire _____ Zoning _____

★★★
BLRA-17
(Rev. 6/86)

District of Columbia Government
Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration Zoning Division
P.O. BOX 37200 — Washington, D.C. 20013-7200

No. B 157994

CERTIFICATE OF OCCUPANCY

121889

(date)

Permission is hereby granted to Welch & Son Rite-Way Auto, Inc.
to use suite(s) _____ on the 1st floor(s)
of the building located on lot(s) 847-848 square 1043
known as premises 1323 E Street N.W.
purpose(s) Auto Repair for the following
Not Sexually Oriented

BZA #: _____ EXPIRATION DATE: _____ [su]

THIS CERTIFICATE SHALL BE POSTED CONSPICUOUSLY ON THE ABOVE PREMISES
AT ALL TIMES. IT IS VALID INDEFINITELY, unless an expiration date is stated, ONLY
for the premises, or part thereof, and for the purpose(s), indicated above, and IS NOT
TRANSFERABLE to another person or premises under ANY conditions. ANY CHANGE
in the type of business, ownership of business, or part of premises used therefor, will
render this Certificate VOID and a NEW Certificate must be obtained.

ZONE

FEE \$ 27.00

CM1
Donald G. Murray, Director

By [Signature]
Designee

OFFICE COPY

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